



City of Kerrville

200 Sidney Baker St. North
 Kerrville, TX 78028
 (830) 258-1172

BOARDING HOME PERMIT APPLICATION

Boarding Home Application Number:

1.	Boarding Home Name:			
	Site Address:		Building #	Suite #
	Legal Description		Block:	Lots: Existing Zoning:
2.	Is this Boarding Home facility within 1/2 mile of another licensed Boarding Home? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Has the applicant received a variance for the 1/2 - mile distance requirement? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
3.	Boarding Home Owner/Operator:		Date of Birth	Phone: Fax:
	Home Address:		Email:	
	City:	State:	Zip Code:	
	Driver's License/I.D. #			
	Is this facility rented from property owner? <input type="checkbox"/> Owner Approval Letter attached? <input type="checkbox"/>			
	Emergency Contact # Name: Address: Phone: Email:			
4.	Property Owner (If not Same):		Phone:	Fax:
	Home Address:		Email:	
	City:	State:	Zip Code:	
	Driver's License/I.D. #			
	Property Owner (If not Same):		Phone:	Fax:
	Home Address:		Email:	
	City:	State:	Zip Code:	
	Driver's License/I.D. #			
5.	Does the property owner or operator own/operate another Boarding Home within the City of <u>Kerrville</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the name, address, Boarding Home permit number, owner/operator's name and address. Use additional sheets as needed.			
6.	Documentary evidence of payment of ad valorem taxes, fees, fines and penalties owed to the City in connection with real property used to operate the Boarding Home facility <input type="checkbox"/>			
7.	Desired number of residents _____. Use attached formula sheet to determine number of residents allowed.			
8.	Attach: Sketch of Floor Plan – Detailing the total square footage of the Habitable Space as defined by the Ordinance. Include detailed dimensions of Bedrooms and number of Bathrooms. <div>Attached? Yes <input type="checkbox"/> No <input type="checkbox"/></div>			

9.	Off-Street Parking Requirements: To determine the number of off street parking space requirements, multiply the number of residents by 75%, with any resulting fraction for the number of spaces being rounded up. Total spaces required _____.
10.	Fees: Annual Permit Fee\$1,000.00 Re-Inspection Fee\$75.00 *The fee(s) are due upon submission of permit application and fee(s) are non-refundable*
11.	<div style="background-color: #cccccc; text-align: center; padding: 5px;">NOTICE</div> <p><i>I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. I acknowledge that my project may be subject to the requirements of the Fair Housing Act (FHA), the Americans with Disabilities Act (ADA), the Texas Accessibility Standards (TAS), and section 504 of the Rehabilitation Act of 1973. It is my responsibility to ensure my project complies with those requirements. I affirm that for information I will contact: 1-800-949-4232 for ADA, 1-800-767-7468 for FHA, or 1-800-803-9202 for TAS.</i></p> <p>*By filling this application, the applicant swears or affirms under penalty of perjury that, to the best of the applicant's knowledge, all information contained in the application is true and correct and that the application is complete and includes all information required to be disclosed under this section.</p>

Boarding Home Owner /Operator Signature
Date:

Printed Name: _____

* Owner:

I CERTIFY THAT I AM THE PROPERTY OWNER

Owner Signature:
Date:

	Issue	Hold	Initial
Code Compliance	<input type="checkbox"/>	<input type="checkbox"/>	
Building Inspection	<input type="checkbox"/>	<input type="checkbox"/>	
Planning	<input type="checkbox"/>	<input type="checkbox"/>	
Fire	<input type="checkbox"/>	<input type="checkbox"/>	

Approval: _____
Date: _____

Resident Occupancy Formulas

Occupant load Formula for “R1” Single Family, “R1-A” Residential Zoning District and “RC” Residential Cluster District. The number of residents, including managers and caregivers for a boarding home facility located within these districts may not exceed the lowest number of residents derived from the following, with any resulting fraction for the number of residents being rounded down.

1. 50% of the total gross square footage (TGSF) of the habitable space divided by 150 square feet;
2. Number of sleeping rooms meeting the requirements found within Sec. 30-28 multiplied by 2 residents;
3. Number of bathrooms multiplied by 6 residents; or
4. Maximum of 8 residents.

Example

$$\text{TGSF} = 2000$$

$$2000 \times 50\% = 1000 \div 150 = 6.6 \text{ rounded down to } 6$$

$$\text{Sleeping rooms, meeting requirements} = 3$$

$$3 \times 2 = 6$$

$$\text{Number of bathrooms} = 2$$

$$2 \times 6 = 12$$

Maximum occupancy within these zoning districts = 8

Occupant load formula for “RT” Residential Transition Zoning District. The number of residents, including managers and caregivers for a boarding home facility located within these districts may not exceed the lowest number of residents derived from the following, with any resulting fraction for the number of residents being rounded down.

1. 50% of the total gross square footage (TGSF) of the habitable space divided by 150 square feet;
2. Number of sleeping rooms meeting the requirements found within Sec. 30-28 multiplied by 2 residents;
3. Number of bathrooms multiplied by 6 residents; or
4. Maximum of 10 residents.

Example

$$\text{TGSF} = 3000$$

$$2500 \times 50\% = 1250 \div 150 = 8.3 \text{ rounded down to } 8$$

$$\text{Sleeping room meeting requirement} = 4$$

$$4 \times 2 = 8$$

$$\text{Number of Bathrooms} = 2$$

$$2 \times 6 = 12$$

Maximum occupancy within this district = 10

Occupant load formula for “R-3” Residential Mix, Commercial and Industrial Zoning Districts. The number of residents, including managers and caregivers for a boarding home facility located within these districts may not exceed the lowest number of residents derived from the following, with any resulting fraction for the number of residents being rounded down.

1. 50% of the total gross square footage (TGSF) of the habitable space divided by 150 square feet;
2. Number of sleeping rooms meeting the requirements found within Sec. 30-28 multiplied by 2 residents;
3. Number of bathrooms multiplied by 6 residents; or

$$\text{TGSF} = 4000$$

$$\text{Number of Sleeping Rooms} = 5$$

$$4000 \times 50\% = 2000 \div 150 = 13.3 \text{ rounded down to } 13$$

$$5 \times 2 = 10$$

$$\text{Number of Bathrooms } 3 / 3 \times 6 = 18$$